MODIFIED PTO/SB/131 (01-10)
Approved for use through 02/28/2011. OMB 0651-0020
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Date May 17, 2010

Registration Number: 42,267

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE.

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REQUEST FOR RECALCULATION OF PATENT TERM ADJUSTMENT

IN VIEW OF WYETH\*

Patent Number: 7,650,338

Attorney Docket Number: 2043.059US1

Signature

Name: Suneel Arora

\*Total of \_ 1 \_\_

Filing date (or 371(b) or (f) Date): December 29, 2005	Issue Date: January 19, 2010
First Named Inventor: Elena Grossfeld et al.	
Title: METHOD AND SYSTEM FOR MANAGING DATA TRANSACTION REQUESTS	
PATENTEE HEREBY REQUESTS RECALCULATION OF THE PATENT TERM ADJUSTMENT (PTA) UNDER 35 USC 154(b) INDICATED ON THE ABOVE-IDENTIFIED PATENT. THE PATENTEE'S SOLE BASIS FOR REQUESTING THE RECALCULATION IS THE USPTO'S PRE-WYETH INTERPRETATION OF 35 U.S.C. 154(b)(2)(A).  Note: This form is only for requesting a recalculation of PTA for patents issued before March 2, 2010, if the sole basis for requesting the recalculation is the USPTO's pre-Wyeth interpretation of 35 U.S.C. 154(b)(2)(A). See Instruction Sheet on page 2 for more information.  Patentees are reminded that to preserve the right to review in the United States District Court for the District of Columbia of the USPTO's patent term adjustment determination, a patentee must ensure that he or she also takes the steps required under 35 U.S.C. 154(b)(3) and (b)(4) and 37 CFR 1.705 in a timely manner.  *Wyeth v. Kappos, No. 2009-1120 (Fed. Cir., Jan. 7, 2010).	

The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by \$3 U.S. C. 12 and 37 CER 1.11 and 1.14. This collection is estimated to take 12 boars to complete, including publishing, presenting, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the immediate of the processors for reducing this burden, should be sent to the Child information (Oline, U.S. Patient and Tademan's Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA.2231-3.1450. DN OTS ESION FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA.2231-3.1450.

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required in accordance with 37 CFR 1.33 and 11.18. Please see 37 CFR 1.4(d) for the form of the signature. If necessary, submit

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multiple forms for more than one signature, see below\*.

forms are submitted.